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2-12-2020

## Staff Council Regular Meeting Agenda (2/12/2020)

CSUSB Staff Council

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CALIFORNIA STATE UNIVERSITY  
**SAN BERNARDINO**

## **STAFF COUNCIL**

### **REGULAR MEETING**

**Wednesday, February 12, 2020 | 2:00pm**

College of Education – 336 | California State University, San Bernardino

*ZOOM Link:* <https://csusb.zoom.us/j/801765961>

- I. CALL TO ORDER
- II. ROLL CALL
- III. APPROVAL OF MINUTES
- IV. APPROVAL OF THE AGENDA
- V. PUBLIC COMMENT  
Public comment is designated as a time for the public to address the Staff Council during a scheduled meeting on items of business or issues/concerns.
- VI. REPORTS
  - A. Alfredo Barcenas, Chair
  - B. Stacy Brooks, Vice Chair
  - C. Felipe Jimenez, Treasurer
  - D. Rob Garcia, Secretary
  - E. Committee Chairs (Bylaws, Events, Development Committees)
  - F. Staff Council Members
- VII. PRESENTATIONS
- VIII. STAFF RECOGNITION
- IX. NEW BUSINESS
  - A. ACTION ITEM: APPOINTMENT OF STAFF REPRESENTATIVE TO THE DEAN OF STUDENTS SEARCH COMMITTEE**  
Staff Council will nominate and appoint a staff member to serve on the Dean of Students Search Committee as requested by the Vice President for Student Affairs.
  - B. DISCUSSION ITEM: STAFF COUNCIL NETWORKING LUNCH AS PART OF EMPLOYEE DEVELOPMENT DAYS**  
Staff Council will discuss participation in the CSUSB 2020 Development Days.

**C. DISCUSSION ITEM: STAFF COUNCIL VACANCIES**

Staff Council will discuss the current membership vacancies and decide whether or not to fill vacancies for the remainder of the academic year (2019-2020).

**D. INFORMATION ITEM: 2020 STAFF COUNCIL ELECTIONS**

Chair Barcenas will discuss the upcoming election process and inform the Staff Council of any future nominations and appointments to the Staff Council Elections Committees.

**E. ACTION ITEM: APPROVAL OF THE STAFF EMERGENCY FUND APPLICATION**

Staff Council will review the Staff Emergency Fund application and consider it for approval.

X. ANNOUNCEMENTS

XI. ADJOURNMENT

# Staff Emergency Fund Application and Guidelines

The Staff Emergency Fund (SEF) provides limited financial assistance when you are unable to meet immediate, essential expenses because of a temporary emergency.

Repayment is recommended in order to continue assisting staff members in the future. A minimum \$5 payroll deduction can be setup to accomplish this. A deduction form will be collected when check is presented. (Form is available below)

## Fund Eligibility

- All active, benefit eligible, non-faculty University staff member for a least a year.
- Not have received an SEF grant within the past two years.
- Assistance is limited to a maximum of \$500 per employee, per distribution.
- Have considered other possible resources (e.g. catastrophic leave or IDL through HR).
- Have a **temporary financial emergency** caused by a defined, time-limited, specific event\*\*
  - ❖ injury or illness
  - ❖ Household emergency (e.g. food, gas, etc.)
  - ❖ other emergency

Emergency funding is not guaranteed and is based on demonstrated need, short-term nature of the financial emergency, committee approval and available funds.

*\*\*Given the limited amount of funds, all requests cannot be approved even though there may be a clear need for assistance. This fund may be insufficient in the case of widespread disasters, community crisis, or war/terrorism.*

## Application Procedure

You may submit your application via email to [staffemergencyfund@csusb.edu](mailto:staffemergencyfund@csusb.edu) or in person/intercampus mail to UH-352. (Be sure to sign and date the form to confirm that the information is valid and accurate.) All applications will be treated as confidential and will be reviewed by a committee of no more than four Staff Council members. *Documentation will be retained securely in a shared drive accessible by SEF committee members for a period of 2 years. After 2 years all applications will be destroyed along with any supporting documentation.*

Be sure to include as much detail as possible when completing the application and provide supporting documentation of the financial emergency.

- Suggested documentation may include but is not limited to:
  - ❖ copy of invoice/bill/receipt
  - ❖ letter from a doctor on letterhead
  - ❖ police or fire report
  - ❖ any other information the applicant feels may be necessary to thoroughly evaluate the request

For any additional questions, please email [staffemergencyfund@csusb.edu](mailto:staffemergencyfund@csusb.edu) .

***In almost all situations***, you will be notified by the Staff Emergency Fund Committee of approval or denial within 14 business days after the application is received by the committee. The SEF committee may contact you for additional information, which may delay approval/denial.

If an application is funded, the employee will be contacted when a check is available for pickup. A valid picture ID will be required at the time of pickup. (Mailing options are available upon request)

## How to Contribute & Set up Repayment

If you are interested in donating to the Staff Emergency Staff Fund (SEF) please go to the University Advancement website <https://www.csusb.edu/advancement/philanthropic-foundation/directing-your-gift> for details on donating. Gifts can be directed specifically to the CSUSB Employee Emergency Fund (P2304-P201327). Colleagues also have the option for payroll deductions ([Payroll Deduction Authorization Form](#)). Contact information is available on the website if there are additional questions. Cash, check, credit card donations and more are accepted.



# Staff Emergency Fund Application

## Employee Information

Employee Name \_\_\_\_\_

Department \_\_\_\_\_

Employed at CSUSB for at least a year Yes No Date of Hire \_\_\_\_\_

*Information required, in the event funds are awarded*

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

CSUSB Email Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_

## Employment Information - Check all that apply

- ☐ Currently an active, benefits-eligible, non-faculty, University staff employee
- ☐ Have not received payment from the Staff Emergency Fund within the past two years
- ☐ Currently on leave of absence

## Details of Temporary Emergency

What is your most urgent need? (BE SPECIFIC) \_\_\_\_\_

Describe the **TEMPORARY EMERGENCY** that is the basis for this application. Attach and explain additional documentation, if needed. *(Suggested documents listed on page 1)*

Amount Requesting: \_\_\_\_\_

Check disbursement (**CIRCLE ONE**):      Pick up w/valid ID      Mail to address listed

I certify that the information provided in the application is complete and accurate and that my financial hardship is genuine. I certify that all supporting documents that I provide are valid and accurate. I will apply all money received toward debts related to my emergency. I certify that I have read and understand the Staff Emergency Fund Guidelines and information provided may be verified. Any information provided is voluntary, and the applicant releases the information for review by the SEF Committee. I understand that all decisions rendered by the SEF Committee are final.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Notification – Fund Available**

Have you had an unexpected expense occur before payday?  
Have you suffered a loss and need financial help this month?  
Have you exhausted all your resources and need help from your CSUSB family?

Look no further! Apply for the **Staff Emergency Fund**. This fund is made available because of CSUSB staff and faculty, like you, who have donated funds to provide assistance to staff in need. Please find the application attached. Applications will be reviewed on an ongoing basis.

**Repayment is requested**, in the form of a monthly deduction set up when, if funds are granted.

### ***Ever consider contributing?***

Colleagues who are interested in donating may go to the CSUSB Advancement website at <https://www.csusb.edu/advancement/philanthropic-foundation/directing-your-gift>, click the green “Make a Gift” button (on the top right) and they can have their gift directed specifically to the **CSUSB Employee Emergency Fund (P2304-P201327)**. Colleagues also have the option for payroll deductions (Payroll Deduction Authorization Form).

If you have any questions, please email us at [staffemergencyfund@csusb.edu](mailto:staffemergencyfund@csusb.edu).

We wish you peace and prosperity in 2020 and beyond.

**Staff Council, Staff Emergency Fund Committee**

Staff Emergency Fund [staffemergencyfund@csusb.edu](mailto:staffemergencyfund@csusb.edu)

Website: <https://www.csusb.edu/staff-council>

## **ASK**

Greetings CSUSB Family,

The CSUSB Staff council is excited to announce the Staff Emergency Fund assisted several staff members since the funds establishment in January 2019.

We have all experienced an emergency expense that can create emotional and financial obstacles. The Staff Emergency Fund endeavors to offer some financial assistance to help staff during difficult times. We want to encourage you to make the difference today by donating to the CSUSB Employee Emergency Fund (P2304-P201327).

Attached is the easy fillable pdf form with two simple options:

- 1) Setting up a monthly payroll deduction
- 2) One time gift.

We appreciate your contributions and support.

By supporting the Staff Emergency Fund, you can help make a difference, when help is needed most.

**Colleagues who are interested in donating may complete the attached fillable pdf form. Specify CSUSB Employee Emergency Fund (P2304-P201327). You have an option of setting up a monthly payroll deduction or one time gift.**

All donations, large or small, will make a difference and all donations are tax-deductible. *Monthly payroll deductions require a \$5.00 minimum per month.*

For questions contact staff council representative(s) using [askstaffcouncil@csusb.edu](mailto:askstaffcouncil@csusb.edu) .

All the best,

**Staff Council, Staff Emergency Fund Committee**

Staff Emergency Fund [staffemergencyfund@csusb.edu](mailto:staffemergencyfund@csusb.edu)

Website: <https://www.csusb.edu/staff-council>